

EQUIPMENT INVENTORY FORM

OFFICE OF THE GOVERNOR
GRANTS PROGRAM

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590

FAX: (785) 291-3204

All subgrantees are required to fill out this form if equipment is purchased with any grant funds administered by the Governor's Grants Program. Any equipment purchase must have been approved as part of the grant award. The Governor's Grants Program defines equipment as assets with a useful life of one year or more and a cost of \$500 or more. This form must be submitted to the Governor's Grants Program within 30 days of purchasing the equipment. A copy should also be retained in the subgrantee's grant file.

Name of Subgrantee Organization: _____

Grant Project Number: _____

Name and Phone Number of individual Completing Form: _____

Description of Equipment: _____

Quantity Purchased: _____

Serial (or other identification) Number: _____

Source of the Equipment: _____

Identification of Who Holds the Title: _____

Acquisition Date: _____

Cost of the Equipment: _____ Cost Charged to Grant: _____

Percentage of Cost Paid for with the Above Referenced Federal Grant Funds: _____

Location of Equipment: _____

New/Used (circle one) Equipment on Date of Purchase. If used, Condition of Equipment: _____

The subgrantee agrees that equipment purchased through this grant project will continue to be used for the purpose it was purchased for as long as needed, whether or not the grant project continues to be supported by this grant program. Further, the subgrantee assures that services provided which utilize the equipment purchased by this grant project will continue to be reported to the Governor's Grants Program annually for as long as the equipment is used.

If you have any questions, please do not hesitate to contact this office at (785) 291-3205.

Thank you for your assistance in this manner.

Office of the Governor Use
Entered by: _____

Date: _____